

## Disclosures

Accident Medical Expense, Accidental Death and Dismemberment, and Critical Illness Lump Sum Benefits are offered under Group Accident Only insurance issued on Policy/Certificate Form Series MP-1400/GC-1400 or MP-1300/GC-1300 and Rider form series GRG15CR/GRG15HAS, underwritten by Guarantee Trust Life Insurance Company. The policy is issued to Health Depot Association (HDA) and includes the following: exclusions, limitations, reductions of benefits, and terms of renewal and cancellation. Subject to state availability, variability, and GTL's right to increase premium rates.

**Cancellation/Termination of Benefits/Renewability:** Coverage terminates when HDA terminates the policy, your membership ceases, insurance ceases for your class, for non-payment of premium by HDA, or the date of fraud or misrepresentation of a material fact. The group policy terminates for non-payment of premium, if group participation requirements are not met or on any premium due date for any of the following reasons: fraud or misrepresentation of a material fact; failure of HDA to provide required information; or at GTL's option with a 30-day notice. Notice of termination provided to HDA is considered notice of termination to all members and will not be sent to you individually by GTL. The policy automatically renews each policy anniversary until cancellation/termination.

GTL does not provide nor is affiliated with the discount programs provided as a part of membership in HDA.

Dependent Child(ren) are covered from birth to 26 years old.

Spouse includes Common Law Marriage Partner, Domestic Partner or Civil Union Partner if legally recognized in the governing jurisdiction.

The following monthly rates apply for the coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership in the HD SecureShield membership. The rates by plan are: 2500 AME/2500 AD&D/2500 CI; Member = \$8.02, Member + Spouse = \$16.05, Member + Child(ren) = \$10.40, Family = \$19.72. 5000 AME/5000 AD&D/5000 CI; Member = \$15.02, Member + Spouse = \$30.03, Member + Child(ren) = \$19.26, Family = \$36.35. 7500 AME/7500 AD&D/7500 CI; Member = \$21.98, Member + Spouse = \$43.97, Member + Child(ren) = \$28.08, Family = \$52.91. 10000 AME/10000 AD&D/10000 CI; Member = \$28.49, Member + Spouse = \$56.98, Member + Child(ren) = \$36.21, Family = \$68.07. 2500 AME/2500 AD&D; Member = \$2.59, Member + Spouse = \$5.18, Member + Child(ren) = \$3.88, Family = \$7.76. 5000 AME/5000 AD&D; Member = \$4.15, Member + Spouse = \$8.29, Member + Child(ren) = \$6.22, Family = \$12.44. 7500 AME/7500 AD&D; Member = \$5.68, Member + Spouse = \$11.36, Member + Child(ren) = \$8.52, Family = \$17.04. 10000 AME/10000 AD&D; Member = \$6.75, Member + Spouse = \$13.50, Member + Child(ren) = \$10.12, Family = \$20.24. 2500 CI/2500 AD&D; Member = \$5.52, Member + Spouse = \$11.03, Member + Child(ren) = \$6.64, Family = \$12.20. 5000 CI/5000 AD&D; Member = \$11.03, Member + Spouse = \$22.07, Member + Child(ren) = \$13.29, Family = \$24.40. 7500 CI/7500 AD&D; Member = \$16.55, Member + Spouse = \$33.10, Member + Child(ren) = \$19.93, Family = \$36.60. 10000 CI/10000 AD&D; Member = \$22.07, Member + Spouse = \$44.13, Member + Child(ren) = \$26.58, Family = \$48.80. 50,000 AD&D; Member = \$1.50, Member + Spouse = \$3.00, Member + Child(ren) = \$2.25, Family = \$4.50. 100,000 AD&D; Member = \$3.00, Member + Spouse = \$6.00, Member + Child(ren) = \$4.50, Family = \$9.00. 200,000 AD&D; Member = \$6.00, Member + Spouse = \$12.00, Member + Child(ren) = \$9.00, Family = \$18.00. 300,000 AD&D; Member = \$9.00, Member + Spouse = \$18.00, Member + Child(ren) = \$13.50, Family = \$27.00.

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## Exclusions & Limitations

### The Policy does not provide benefits for:

- Treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Doctor as necessary to treat an Injury;
  - Are determined to be Experimental/Investigational in nature;
  - Are received without charge or legal obligation to pay;
  - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
  - Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate or sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.
- Reinjury or complications of an Injury caused or contributed to by a condition that existed before the Accident.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.

## Additional Exclusions & Limitations for Critical Illness

### Heart Attack/Stroke

A Pre-Existing Condition is not eligible for benefits unless the Diagnosis occurs after the Waiting Period has expired. We will not pay benefits for a Pre-Existing Condition that is Diagnosed within the Pre-Existing Period stated in the Schedule of Benefits. A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed, as stated in the Schedule of Benefits.

Pre-Existing Condition: A Pre-Existing Condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the Pre-Existing Period shown above; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines.

**The Policy does not provide benefits for claims resulting, whether directly or indirectly, from diseases that are related to, or are resulting from any of the following:**

1. Any disease if the Covered Person was previously Diagnosed any time prior to the Rider Effective Date.
2. Any disease first Diagnosed within the Waiting Period, as shown in the Schedule, immediately following the Rider Effective Date.
3. Arrhythmia resulting in a Heart Attack that occurs in association with use of an illegal drug or controlled substance, except when administered in accordance with the advice of the Covered Person's Doctor.
4. Any amount in excess of any Maximum Benefit for Covered Conditions.
5. Diseases or conditions that do not meet the definition of a Covered Condition in this Rider.
6. Suicide or attempted suicide.

### Cancer

We will not pay benefits for a Pre-Existing Condition that is Diagnosed within the Pre-Existing Period stated in the Schedule of Benefits. A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed as stated in the Schedule of Benefits.

Pre-Existing Condition: A Pre-Existing Condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the Pre-Existing Period; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines.

**The Policy does not provide benefits for:**

1. A Positive Diagnosis of Cancer before the Effective Date of the Covered Person's coverage under the Policy;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer as defined;
3. Any Cancer when advice or treatment is received during the Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer. If tissue is extracted during the Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer, this will not be a covered condition. For the purposes of this Rider, the date of a Positive Diagnosis of Cancer will be considered to be the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. If a Positive Diagnosis of Cancer is made and/or Cancer is treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent Positive Diagnosis of Cancer after the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid on this Rider.

**Please see certificates for state specific exclusions and limitations.**